

POSITION	INITIALS	ID NO.	DATE
<b>FEES DETERMINATION</b>	101	7-23-00	
<b>O.I.P.E. CLASSIFIER</b>			
<b>FORMALITY REVIEW</b>		5 6-9-00	7-27-00
<b>RESPONSE FORMALITY REVIEW</b>		71622	10-2-00

## INDEX OF CLAIMS

✓	Rejected	N	Non-elected
=	Allowed	I	Interference
—	(Through numeral)... Canceled	A	Appeal
÷	Restricted	O	Objected

Claim	Final	Original	Date
1	1	1	11/24/00
2	2	✓	11/24/00
3	3	✓	11/24/00
4	4	✓	11/24/00
5	5	✓	11/24/00
6	6	✓	11/24/00
7	7	✓	11/24/00
8	8	✓	11/24/00
9	9	✓	11/24/00
10	10	✓	11/24/00
11	11	✓	11/24/00
12	12	✓	11/24/00
13	13	✓	11/24/00
14	14	✓	11/24/00
15	15	✓	11/24/00
16	16	✓	11/24/00
17	17	✓	11/24/00
18	18	✓	11/24/00
19	19	✓	11/24/00
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23	23	✓	11/24/00
24	24	✓	11/24/00
25	25	✓	11/24/00
26	26	✓	11/24/00
27	27	✓	11/24/00
28	28	✓	11/24/00
29	29	✓	11/24/00
30	30	✓	11/24/00
31	31	✓	11/24/00
32	32	✓	11/24/00
33	33	✓	11/24/00
34	34	✓	11/24/00
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36	36	✓	11/24/00
37	37	✓	11/24/00
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43	43	✓	11/24/00
44	44	✓	11/24/00
45	45	✓	11/24/00
46	46	✓	11/24/00
47	47	✓	11/24/00
48	48	✓	11/24/00
49	49	✓	11/24/00
50	50	✓	11/24/00

Claim	Final	Original	Date
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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